



"Revised" CCDF Discrepancy Childcare Statement of Services Form

Revised
03/15/2015

Weeks of Service _____ through _____

(Beginning)

(Ending)

Provider EIN/SSN: _____

Childcare Provider Name: _____

Childcare Provider Address: _____

City State Zip: _____

Childcare Director's Name: _____

Provider Phone Number: _____

Provider County Location: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

City State Zip: _____

Parent Phone Number: _____

Child's Name: _____

One Child Per Form

Description of Discrepancy:

☐ Card Issues

☐ POS Not Installed

☐ POS Not Working

Week 1							
Day	Date	Code	Time IN	Time OUT	Time IN	Time OUT	Total Hours
Sunday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Monday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Tuesday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Wednesday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Thursday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Friday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Saturday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	

Totals

Number of Days: _____

Amount Owed \$ _____

Hours _____

Week 2							
Day	Date	Code	Time IN	Time OUT	Time IN	Time OUT	Total Hours
Sunday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Monday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Tuesday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Wednesday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Thursday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Friday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Saturday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	

Totals

Number of Days: _____

Amount Owed \$ _____

Hours _____

I certify that this statement of services provided was provided to me by this provider. I further certify that this is an accurate and true record of attendance and can be prosecuted for fraud if this is a false statement.

Parent/Guardian Signature _____

Date _____

Provider Signature _____

Date _____

SIGN IN BLUE INK

Maintain a copy of this statement onsite at the childcare center for each child.

CODES: P=Personal Day H=Provider Holiday O=Other _____ (specify)

NOTE: NEW ADDRESS!!

Mail to:

Xerox-Statewide Discrepancy Department
251 North Illinois Street
Suite 1150, North Tower
Indianapolis, IN 46204